## APPROVAL OF PARENTS OR GUARDIANS

First name and middle initial	Last name
Address	Birthdate (month/day/year)
Additional address (need street address if you have a P.O. box)	
City	State ZIP code
( ) Area code and telephone no. (parent's business)	Area code and telephone no. (home)
Post activity	Date(s)
•	statement, before approving application
I hereby approve and agree to all of the terms and confurther, I certify that this Explorer can meet the health	onditions of this application and certify to its correctness. In and physical fitness requirements of the activity.
Waiver of Claims In consideration of the benefits to be derived from participation in this activity, any and all claims against the Boy Scouts of America, NASA Glenn Research Center or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to this activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.	MEDICAL RELEASE  In the event of illness or injury occurring to my son or daughter while involved in and travel to/from this activity, I consent to X-ray examination, anesthesia and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.  Insurance Company  Policy No.  Personal physician  Telephone no.( )
Approval	
SignatureParent/guardian	Date